UNDERWATER SPORTS ASSOCIATION (INDIA)

9th National Finswimming Championship 2026

Campal Swimming Pool, Panjim, Goa | 29–31 May 2026

PARTICIPANT DECLARATION, CONSENT & HEALTH CLEARANCE FORM

IMPORTANT: This form must be completed, signed, and submitted at the venue on the day of reporting (28 May 2026). Please bring this form PRINTED and filled. Both participant and parent/guardian must sign.

SECTION 1 — PARTICIPANT DETAILS

Full Name (as per Aadhar): _____

Date of Birth: _____

Gender: _____

Age Category: _____

Aadhar Card Number: _____

State Represented: _____

Mobile Number: _____

Email Address: _____

Permanent Address (as per Aadhar):

_____

Coach / Club Name: _____

Coach Contact Number: _____

SECTION 2 — EVENTS REGISTERED

Please list all events you have registered for:

Sr.	Event Name	Distance	Category
1			
2			
3			
4			
5			

SECTION 3 — DOCUMENT VERIFICATION CHECKLIST

Please tick the documents you are carrying to the venue:

- □ Original Aadhar Card (MANDATORY — required for state verification)
- □ Photocopy of Aadhar Card
- □ Registration Confirmation Email / Receipt
- □ Medical Fitness Certificate (signed by a registered doctor)
- □ This completed and signed Declaration Form (printed)

CRITICAL: If the state on your Aadhar Card address does not match the state you registered under, you will be DISQUALIFIED with NO REFUND. Please verify before arriving.

SECTION 4 — HEALTH & MEDICAL DECLARATION

The participant declares the following (please tick all that apply):

- □ I am in good physical health and fit to participate in competitive finswimming events.
- □ I do not have any heart condition, respiratory illness, or other medical condition that could be aggravated by intense physical activity in water.
- □ I have not been advised by a doctor to avoid competitive swimming or strenuous physical activity.
- □ I understand that participating in finswimming involves physical exertion and inherent risks.

If participant has any known medical condition, please describe below:

Medical Condition / Allergies / Medications:

_____

Emergency Medication (if any): _____

SECTION 5 — DECLARATIONS & CONSENT

By signing this form, I/we the undersigned hereby declare and agree that:

- All information provided in this form and during online registration is true, accurate, and complete to the best of my knowledge.
- I have read, understood, and accept all Terms & Conditions of the 9th National Finswimming Championship 2026 as published on the official website (underwatersportsindia.com).
- The state represented in the registration matches the address on the participant's Aadhar Card. I understand that any mismatch will result in immediate disqualification with no refund.
- All registration and participation fees paid are non-refundable under any circumstances.
- The participant is physically fit and medically cleared to compete in this event.
- I/We fully understand and accept that finswimming involves physical exertion and inherent risks, and the participant competes entirely at their own risk.
- The Organizing Committee, USAI, and Goa Unit shall not be held liable for any injury, accident, medical emergency, or loss of personal belongings during the event.
- I/We consent to the participant being photographed and/or filmed during the event, and agree that such media may be used for official promotional purposes by USAI.
- The decision of the Organizing Committee on all matters related to the competition shall be final and binding.
- I/We indemnify and hold harmless the Organizing Committee, USAI, and all associated officials from any claims, damages, or expenses arising from participation in this event.

SECTION 6 — SIGNATURES

PARTICIPANT'S SIGNATURE

_____

Full Name:

_____

Date:

_____

PARENT / GUARDIAN SIGNATURE

(Mandatory for participants under 18 years)

_____

Full Name:

_____

Relationship to Participant:

_____

SECTION 7 — EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ **Relationship:** _____

Mobile Number: _____ **Alternate Mobile:** _____

Blood Group: _____

FOR OFFICE USE ONLY

Aadhar Verified ☐ Yes ☐ No Registration Verified ☐ Yes ☐ No Form Received ☐ Yes ☐ No

Verified By (Name): _____ **Signature & Date:** _____

Remarks: _____

EVENT CONTACT: Mr. Kuldip Patil | WhatsApp: +91 7030318030 Venue: Campal Swimming Pool, Panjim, Goa | Reporting: 28 May 2026 (Technical Meeting: 6–7 PM) website: underwatersportsindia.com